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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/818,052
	Filing Date	March 27, 2001
	First Named Inventor	Steve REYNOLDS et al.
	Art Unit	2623
	Examiner Name	C. M. Lambrecht
	Attorney Docket Number	559442001400

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:
Application is being transferred to another attorney.

CORRESPONDENCE ADDRESS

1.	<input type="checkbox"/>	The correspondence address is NOT affected by this withdrawal.			
2.	<input checked="" type="checkbox"/>	Change the correspondence address and direct all future correspondence to:			
	<input type="checkbox"/>	The address associated with Customer Number: <input type="text"/>			
OR					
<input checked="" type="checkbox"/>	Firm or Individual Name	Marc Kaufman, Esq.			
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<small>NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</small>					